MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 163-038980

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 042 1000 1270							UMBER	
O NOT WRITE		AMENI		1	Registration District No	,	Singer.	
ON THIS STUB				_	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before			
vs 300	ام	1-1	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·		
Rev. 4/59	AMENDED					Buchar	la M ^{dmission)}	
	Z				OB OB	Joseph,	Inside Limits	
, ,,,,]	I₹	!				_ - -	Yes No 🗆	
5117			1	1	c. Full NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D. O. A. St. Joseph Hosp Year No	(If cutside, give location)	Reside on Ferm	
25/17	DATE	1			INSTITUTION D. O. A. St. JOSEPH HOSPIYED No□ 5109€	Lake Ave	Yes 🗆 No 🔀	
3 7	- [+ +	+		3. NAME OF DECEASED First Middle Last 4. DATE	Month Day	Year	
		1 [(Type or print) Norman Douglas Coots DEATH	nOct.17,1963		
4 0					5. SEX 6. COLOR OR RACE 7. Married X Never Married 3. B. DATE OF BIRTH 9. AGE	(lest highday) IE UNDER 1 YEA	R I IF HINDER 24 HP	
	- [Male White Widowed Divorced Ct. 22,1900	62 Months Days	Hours Min.	
5 /	- 1				10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and at	· =	WHAT COUNTRY	
6	ξ.			Į	drieg most of weeking des over if retired) State Hosp.#2 Flatte City M			
	δĺ				136. FATHER'S NAME 136. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIF		
	ᅙ		ł	1		Juanita Coots	-	
8 4	ጃ			1	IS WAS DECEASED EVER IN ILS ARMED ECROES? 14 SOCIAL SECURITY NO. 17. INFORMANT	Address		
	&		ł	ŀ	(Yes, no, or unknown) (If yes, give war or dates of servers) Juanita Coot.		Mo	
×1200	쀭			_ [VES WW# 1	•		
10	⋖		ł	Z.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		NTERVAL BETWEEN	
	CORD			₹	IMMEDIATE CAUSE (a) Acute Coronary Occlusion		udden	
11	ပ္ကုန္			DOCUMEN	Andrews and Benefit and Therest Direct			
1260-0		Conditions, if any, but to (b) Arteriosclerotic Heart Disease					<u>yr</u>	
	<mark>~ 알 양 </mark>						_	
13/-0_	≓⊨	++	+-		lying cause last. DUE TO (c) AT CETTOSCIETOSIS		<u> </u>	
	81		1	1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the termi disease condition given in PART I (a)	inal PART III. If deceased there a pregn	was female was ancy in last 90 days.	
Į.	S		1		disease condition given in FAKT (4)		No Unknown	
l.	AMENDMENTS	11		1	19. WAS AUTOPSY 20%. ACCIDENT SUICIDE HOMICIDE 20%. DESCRIBE HOW INJURY OCCURRED. (Enter no			
	⋛		1.		FERFORMED?			
		11		Menica: c	100		 	
Z	⋚	11			20c. TIME OF Hour Month, Day, Year INJURY a.m.			
RIBBON	`				p.m. 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATIO	ON COUNTY	STATE	
BLACK INK OR RITER RIBBC		1			20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. City, town, or Location with the property of the prop			
	ے	4	-	:		her alive on 5/14/63		
₹ 5₽	READ	$ \cdot $			21. Lattended the deceased from 4/25/55 to 10/17/63 and last saw	him all to the		
a 2	2		1	ŀ	Death occurred at 10:30A M m on the date stated above, and to the	best of my knowledge, from the	causes stated.	
USE	ΙΞ			ų.	22a. SIGNATURE (Degree or title) 22b. ADDRESS 301 II	linois Ave	22c. DATE SIGNED	
USE BLACK OR TYPEWRITER	SHOULD			Ö	St. Joseph		10/21/63	
-	ξ.		L	AFFIDAVIT	25. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCA	TION (City, town, or county)	(State)	
	Q Z			₫		Joseph, Mo		
				#	ADDRESS 25. DATE RECD. BY LOCAL REG. 26.	REGISTRAR'S SIGNATURE		
	TEM			ž	St. Joseph, Mo Mon 4, 1963 72	to Clark Good	all	
Į	1-	-	ا ا	" <i> </i>	(Licensed Embelmer's Statement on Reverse Side)		<u> </u>	
					[Ficeured Embelment of gradual of Kaacise Side)			

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TATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.